

Poster Abstract – P10

The role of SEAD project intervention in viral suppression of HIV/AIDS patients with follow-up and adherence barriers

Elías Casado, L¹; Pérez Elías, M¹; López Pérez, D¹; Pumares Álvarez, M¹; Martínez-Colubi, M¹; Moreno Zamora, A¹; Muriel, A²; Dronda, F¹; Martí-Belda, P¹; Gómez-Ayerbe, C¹; Rodríguez Sagrado, M³ and Moreno Guillén, S¹

¹Hospital Ramón y Cajal, IRYCIS, Infectious Diseases Department, Madrid, Spain. ²Hospital Ramón y Cajal, IRYCIS, Department of Biostatistics, Madrid, Spain. ³Hospital Ramón y Cajal, IRYCIS, Pharmacy, Madrid, Spain.

Purpose of study

Irregular FUP/ADH were associated with virologic failure [1] leading to an increase in mortality [2]. SEAD was a multidimensional intervention project, designed from the patient's perspective, to specifically attend patients with poor FUP/ADH in an HIV/AIDS outpatient clinic.

Methods

From Jan 2006 to May 2010, patients with poor FUP/ADH were offered SEAD inclusion, all were evaluated by a nurse or a psychologist (adherence collaborators) who assessed all the reasons and barriers precluding a correct FUP/ADH. For each identified problem, different interventions were planned, using our own resources or coordinating others. Follow-up was censored in Nov 2011. Univariate and multivariable models were performed to evaluate the influence of SEAD intervention in virological suppression (HIV-ARN <1.7 log copies/mL) at the end of follow-up.

Summary of results

Overall, 242 patients were assessed: mean age 46 years, 78% men, 69% IDU, 51% AIDS, baseline ADH >90% 29.3%; median CD4 cell count 333 [164–536] cells/mL and HIV-RNA <1.57 45%. Patients were admitted in SEAD due to poor ADH 15%, FUP problems 21%, both FUP/ADH 53% and to prevent poor ADH or FUP 11%. Main reasons driving poor FUP/ADH were severe biopsychosocial problems 26%, severe drug and/or alcohol abuse 23%, logistic problems 21.3%, other psychiatric disorders 14%, oversights 10%, unknown 3% and antiretroviral intolerance 2%. Cocaine/heroin and alcohol abuse was reported by 33% and 16%. Only 57% of patients received >50% of planned interventions. After a median follow-up of 3.9 (3.27–4.43) years 218 patients received 8 (3–12) interventions/year, 95% evaluation interview and 30% psychological counselling (3 sessions/year [2–5]). Virological suppression was achieved by 67% of patients. In logistic regression analysis an intervention higher than 50% of planned HR 0.220 [IC 95% (0.112–0.44)] and receiving psychological counselling HR 0.44 [IC 95% (0.20–0.97)] were independent predictors of virological suppression whereas alcohol 3.11 (95% CI 1.24–7.80) and severe biopsychosocial problems HR 2.39 (95% CI 1.134–5.040) were associated with worse virological response, after adjusting for age, alcohol or cocaine abuse, degree of adherence, baseline virological suppression, median follow-up, intravenous acquisition of HIV, and family support.

Conclusions

General and psychological SEAD intervention resulted in higher virological suppression in patients with severe follow-up and adherence barriers.

References

1. Berg MB, Safren SA, Mimiaga MJ, Grasso C, Boswell S, Mayer KH. Nonadherence to medical appointments is associated with increased plasma HIV RNA and decreased CD4 cell counts in a community based HIV primary care clinic. *AIDS Care*. 2005;17:902–7.
2. Mugavero MJ, Lin H-Y, Willig JH, Westfall AO, Ulett KB, Routman JS, et al. Missed visits and mortality among patients establishing initial outpatient HIV treatment. *Clin Infect Dis*. 2009;48:248–56.

Published 11 November 2012

Copyright: © 2012 Elías Casado L et al; licensee International AIDS Society. This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/3.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.